

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Senate Concurrent Resolution #133, 1980.
EFFECTIVE DATE ¹	March 1, 1982.
ADMINISTRATION ²	Department of Health and Hospitals, Bureau of Health Services Financing
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled person residing in a non-psychiatric Medicaid, Long Term Care facility whose countable income is less than \$38.00. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local parish offices of Office of Family Support, Bureau of Health Services Financing and/or certified application centers.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Program has been suspended and reinstated at various times.

² Mandatory minimum supplementation is administered by the Social Security Administration.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Medicaid facility ²	\$38.00	\$76.00	\$8.00	\$16.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Up to \$38 may be retained per month as a personal needs allowance.